

Lake County COVID Housing Relief Program (CHRP)

Application and Intake Form

Last Name: _____ MI: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ Email: _____

Number of bedrooms in unit listed above: _____

Section 1: Assistance Information

The Lake County COVID Housing Relief Program serves eligible persons who, because of the COVID-19 emergency, now lack sufficient income or resources to pay rent and/or utilities. Please indicate what circumstance applies by checking the applicable box below:

- Required to be quarantined based on diagnosis of COVID-19.
- Required to self-quarantine based on a Directive of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or have reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity.
- Required to self-quarantine based on age over 65 or health condition that places him/her at enhanced risk for COVID-19.
- Suffered a substantial loss of income from COVID-19, including:
 - Job loss;
 - Reduction in compensation;
 - Closure of place of employment;
 - Obligation to be absent from work to care for home-bound school-aged child; or
 - Other pertinent circumstances: _____
- Experienced a large unexpected medical cost related to COVID-19.

Briefly explain or clarify your reduction of income or unexpected medical costs. If suffering a reduction of income due to reduced employment income, list the name(s) of employer or other source(s) of lost / reduced income:

Required Documentation: Attach a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19. If you are unable to pay your rent or utilities due to an unexpected medical cost, attach the medical bill.

Please check the type of assistance you need help with:

- Rental Assistance - Amount: _____
- Rental Arrears - Amount: _____
- Utility Assistance - Amount: _____
- Utility Arrears - Amount: _____

If seeking utility assistance, you will be required to explore other utility assistance programs before applying through this program. Please list any utility assistance programs you have applied for and whether your application was accepted. If your application was not accepted, briefly explain why.

List any permanent or temporary rental assistance that you currently receive such as a Housing Choice Voucher (Section 8) or other rental assistance. If your rental assistance is based on income such as a Section 8 Housing Choice Voucher, please state whether you have let the provider know that your income has changed by asking for an adjustment of your rent (interim recertification) and the outcome of that application (whether your rent was adjusted).

Please list any **emergency** rental assistance that you have applied for and the outcome of that application (whether you received assistance).

Section 2: Household Information

Please list all the persons residing in your household. The first line is for the Head of Household (HoH).

#	Last Name	First Name & Middle Initial	Gender	How Related to HoH	Date of Birth	Full SSN*	Race	Ethnicity
HoH				Self				
2								
3								
4								
5								
6								
7								
8								

*If this person does not know their social security number or refuses to share, please indicate “don’t know” or “refuse” in this field. Choosing not to share a social security number will in no way impact eligibility for assistance.

Race codes:

1 – White or Caucasian

2 – Black or African American

3 – Asian

4 – American Indian/Alaskan Native
 5 – Native Hawaiian or Other Pacific Islander

9 – Unknown

Ethnicity Codes:
 0 – Not Hispanic or Latino
 1 – Hispanic or Latino

6 – Multi-Racial

Do any of the above members of the household have one of the following disabilities? If yes, check the box and note which household member using the household number from the first column of the chart above. Choosing not to share information about disability will in no way impact eligibility for assistance.

- Alcohol abuse: If yes, household member number(s): _____
- Chronic health condition: If yes, household member number(s): _____
- Developmental: If yes, household member number(s): _____
- Drug abuse: If yes, household member number(s): _____
- HIV/AIDS: If yes, household member number(s): _____
- Mental Health problem: If yes, household member number(s): _____
- Physical: If yes, household member number(s): _____

Section 3: Household Income (Monthly)

Please list the GROSS (pre-tax) income for ALL household members ages 18 and older. The first line is for the Head of Household (HoH).

#	A) Employment or Wages (including overtime, bonuses, commissions & tips)	(B) Social Security, Retirement or Disability Benefits	(C) Unemployment, TANF or other Public Assistance	(D) Other Income
HoH				
2				
3				
4				
Total				
Add totals from (A) through (D) above.			Total Income:	

Required Documentation: Attach the last 30 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income. If you are self-employed, please complete the Self-Employment Certification form. If you have zero income, please complete the Zero Income Certification form.

Section 4: Household Assets

This Program is restricted to eligible households whose readily available assets (checking, saving etc.) do not exceed \$7,500. Readily available assets include, but are not limited to, the total of any monies in banks, credit unions, certificate of deposit and cash on hand for all members of the household. The first line is for the Head of Household (HoH).

#	A) Checking Account(s)	(B) Savings Account(s)	(C) Money Market or CD (s)	(D) Cash or other liquid assets
HoH				
2				
3				
4				

Total			
Add totals from (A) through (D) above.			Total Income:

Section 5: Additional Questions

Please fill out the following questions:

- Are any of the adults in the household a veteran? _____ Yes _____ No
If yes, please list adult(s) with veteran status: _____
- Do you need a referral to a legal assistance provider who may be able to help you with legal housing assistance (eviction, mediation, etc.) at no cost to you? _____ Yes _____ No
- Do you have a history of homelessness? _____ Yes _____ No
If yes, please continue with questions 4-8. If no, please skip questions 3-7 and sign at the bottom of this page.
- Prior Living Situation: Where did you stay last night?

<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Staying w/ Family	<input type="checkbox"/> Rental unit
<input type="checkbox"/> Sub Abuse Facility	<input type="checkbox"/> Permanent housing for Homeless	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Home Ownership	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Place not meant for Human
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Staying w/ Friends	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Psychiatric facility	
- Approximately how long did you stay at your prior living situation?

<input type="checkbox"/> 7 days or less	<input type="checkbox"/> more than 3 months but less than 1 year
<input type="checkbox"/> more than 7 days but less than 1 month	<input type="checkbox"/> 1 year or more
<input type="checkbox"/> 1-3 months	
- Approximate date homelessness started: _____
- How many times have you stayed in a shelter, supportive housing, car or any other non-residential public place in the past 3 years including today?

<input type="checkbox"/> One time	<input type="checkbox"/> Four or more times
<input type="checkbox"/> Two times	<input type="checkbox"/> Never
<input type="checkbox"/> Three times	<input type="checkbox"/> I do not know
- What is the total number of months you have stayed in a shelter, supportive housing, car or any other non-residential public place in the past 3 years?

<input type="checkbox"/> 1-12 months	<input type="checkbox"/> Never
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> I do not know

I certify that the information presented in this application is true and accurate to the best of my knowledge.

I certify that I have not already been provided rental or utility assistance, through a CHRP provider or any other program, that covers the costs requested in this application.

The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household Date

Signature of Additional Adult Household Member (if applicable) Date

Lake County COVID Housing Relief Program Authorization for the Release of Information

Last Name: _____ MI: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The Lake County COVID Housing Relief Program will remit rent payments on behalf of approved program recipients directly to the recipient's landlord or property owner or, in the case of utility assistance, directly to the utility company. A complete application for rental assistance includes paperwork that must be completed and submitted by the applicant's landlord or property owner. In signing this consent form, I am authorizing the program provider to contact my landlord and/or property owner to request information, including but not limited to, rent and payment information and I hereby authorize my landlord to release such information. I also authorize the provider to release my information to my landlord which is deemed necessary to complete my application and receive assistance. I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

Landlord/Property Manager Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Property Owner Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Monthly Rent Amount: _____

In signing this consent form, I further authorize the provider of this program to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written and dated communication.

I have read and understand by signing below, I certify that I am giving permission for the provider to obtain or share information for emergency rent and utility assistance.

Signature of Applicant / Head of Household _____ Date _____

Signature of Additional Adult Household Member (if applicable) _____ Date _____